



**State of New Hampshire**  
**OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION**  
**DIVISION OF LICENSING AND BOARD ADMINISTRATION**  
7 Eagle Square, Concord, NH 03301-4980  
Phone: 603-271-2152

**BOARD OF VETERINARY MEDICINE**  
**APPLICATION FOR REINSTATEMENT OF LICENSURE**

Applicant's Reinstatement Status (check one):

- NH License has lapsed **less than 5 years**
- NH License has lapsed **5 years or more and** have practiced as a veterinarian for at least 1,000 hours per year, for 3 years or more, in another state or jurisdiction.

Name: \_\_\_\_\_  
  Last    First    Middle Initial

Maiden Name and All Aliases (if applicable): \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_  
(Street or PO Box, City, State, and Zip Code)

Personal Cell Phone or Home Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_  
**The Board is required to obtain your social security number for the purpose of child support enforcement compliance with RSA 161-B:11.**

Current Practice Name: \_\_\_\_\_

Current Practice Address: \_\_\_\_\_  
(Street or PO Box, City, State, Zip Code)

Practice Phone #: \_\_\_\_\_ Practice E-Mail Address: \_\_\_\_\_

Do you practice veterinary medicine in the State of New Hampshire?        Yes         No

Are you a relief veterinarian practicing in the State of New Hampshire?        Yes         No

What is the focus of your practice? (i.e., SM, LG, EQ, EX)

\_\_\_\_\_

List all states and jurisdictions in which you hold or have held a license to practice veterinary medicine:

\_\_\_\_\_  
\_\_\_\_\_

**If the answer “yes” to any of the following questions, submit a signed and dated detailed explanation on a separate sheet and include it with this form.**

**Have you, since date the date of licensure lapse or not previously reported to the Board,:**

Had any physical, mental, or emotional condition, or any alcohol or substance abuse disorder, which could negatively affect your ability to practice the profession for which you seek licensure? Yes  No

Been found guilty of or entered a plea of no contest to any felony, misdemeanor, or alcohol or drug related offense that has not been annulled by a court? Yes  No

Been the subject of any disciplinary action, limitation, or restriction on your license or entered into any agreement with a licensing body for any reason? Yes  No

Been denied a license or other authorization to practice in any state or jurisdiction? Yes  No

Surrendered a license or other authorization to practice issued by any state or jurisdiction to avoid or settle disciplinary action? Yes  No

Been the subject of any investigation or to a denial, restriction, suspension, loss, or revocation of your DEA license? Yes  No

Committed any act(s) that would violate the laws or rules that govern the profession for which you seek licensure? Yes  No

I acknowledge that knowingly making a false statement on this application form is a misdemeanor under RSA 641:2, I. I certify that the information I have provided on all parts of the application form, and in the documents that I have personally submitted to support my application, is complete and accurate to the best of my knowledge and belief. I also certify that I have read and understood the statute and the rules of the Board of Veterinary Medicine and promise that, if I am licensed, I will abide by them.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*